EXHIBIT B

Document I

MetroCream[™]

(metronidazole topical cream)

Topical Cream, 0.75%

FOR TOPICAL USE ONLY (NOT FOR OPHTHALMIC USE)

SCRIPTION

METROCREAM™ Topical Cream contains metronidazole, USP, at a concentration of 7.5 mg per gram (0.75%) in an emolifent cream consisting of emulsitying wax, sorbitol solution, glycerin, isopropyl palmitate, benzyl alcohol, lactic acid and/or sodium hydroxida to adjust pH, and purified water. Metronidazole is a member of the imidazole class of anti-bacterial agents and is classified therapeulically as an antiprotozoal and anti-bacterial agent. Chemically, metronidazole is 2-methyr-5-nitro-1/Himidazole-1-ethanol. The molecular veright is 171.15. Metronidazole is Chilabo, and molecular veright is 171.15. Metronidazole is represented by the following structural formula:



CLINICAL PHARMACOLOGY:

The mechanisms by which metronidazole acts in the Ireatment of rosacea are unknown, but appear to include an auti-inflammatory effect.

INDICATIONS AND USAGE:

METROCREAM (metronidazote topical cream) Topical Gream is indicated for topical application in the treatment of inflammatory paputes and pustuises of resacea.

METROCREAM!» (metronidazole topical cream) Topical Cream is contraindivated in individuals with a history of hypersensitivity to metronidazole, or other ingredients of the formulation.

General: Topical metronidazole has been reported to cause tearing of the eyes. Therefore, contact with the eyes should be avoided. If a reaction suggesting local irrilation occurs, patients should be directed to use the medication less frequently or discontinue use. Metronidazole is a nitroimidazole and should be used with care in patients with evidence of, or history of blood dyscrasia.

Information for patients: This medication is to be used as directed by the physician. It is for external use only. Avoid contact with the eyes.

Drug interactions: Oral metronidazote has been reported to potentiate the anticoagulant effect of warfarin and cournatin enticoagulants, resulting in a profongation of prothrombin time. The effect of topical metronidazote on prothrombin time is not known.

Carchogenesis, mulagenests, impairment of fertility:
Metronidazole has shown evidence of carcinogenic
activity in a number of studies involving chronic, oral
administration in mice and rats but not in studies
involving hamsters.

Metronidazole has shown evidence of mutagenic activity in several in vitro bacternal assay systems. In addition, a dose-response increase in the frequency of micronuclei was observed in mice after intraperitoneal injections and an increase in chromosome aberrations have been reported in patients with Croha's disease who were treated with 200-1209 mg/day of metronidazole for 1 to 24 months. However, no excess chromosomal aberra-

tions in circulating human fymphocytes have been observed in patients treated for 8 months.

Pregnancy: Tetalogenic effects: Pregnancy category B. There are no adequate and well-confolled studies with the use of METROCHEAM* (metronidazole lopical cream). Topical Cream in pregnant women. Metronidazole crosses the placental barrier and enters the letal circulation rapidy. No felotoxicity was observed after oral metronidazole in rats or mice. However, because antimal reproduction studies are not always predictive of human response and since oral metronidazole has been shown to be a carcinogen in some rodents, this drug should be used during pregnancy only if clearly needed.

Nursing mothers: After oral administration, metronidatole is secreted in breast milk in concentrations similar to those found in the plasma. Even though blood levels are significantly lower with topically applied metronidatole than those achieved after oral administration of metronidazole, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother. Pedialric use: Safely and effectiveness in pedialric patients have not been established.

In controlled clinical Irials, the total incidence of adverse reactions associated with the use of METROCREAM Topical Cream was approximately 10%. Skin discomfort (burning and slinging) was the most frequently reported event followed by erythems, skin irritation, pruntus and worsening of resacea. All individual events occurred in less than 3% of palents. The following additional adverse experiences have been reported with the topical use of meltonidazole, dyness, transient redness, metallic laste, tingling or numbness of extremities and nausea.

DOSAGE AND ADMINISTRATION:

Apply and rub in a thin layer of METROCREAMING (metronidazole topical cream). Fopical Cream Ivrice daily, morning and evening, to entire affected areas after washing.

Areas to be treated should be washed with a mild cleanser before application. Patients may use cosmetiss after application of METROCREAM Topical Cream. HOW SUPPLIED:

METROCREAM (metronidazole topical cream) Topical Cream, 0.75% is supplied in a 45 g aluminum tube -NDC 0299-3836-46.

Slorage conditions: STORE AT CONTROLLED ROOM IEMPERATURE: 59° to 86°F (15° to 30°C). Caution: Federal tay prohibits dispensing without

prescription.

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